

HEALTH ENTITIES

COMPANY NAME: _____ **NAIC Company Code:** _____

Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: **WEST VIRGINIA** **Filings Made During the Year** **2011**

(1) Check -list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES***
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"X14")	zzz	EO	xxx	3/1	NAIC	B,E,F,G,I,J,M,W
	1.1	Printed Investment Schedule detail (Pages E01-E27)	zzz	EO	xxx	3/1	NAIC	B,E,F,G,I,J,M,W
	2	Quarterly Financial Statement (8 1/2" x 14")	zzz	EO	xxx	5/15, 8/15, 11/15	NAIC	B,I,Q
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	zzz	EO	xxx	4/1	NAIC	B,I,Q
	11	Actuarial Opinion	zzz	EO	xxx	3/1	Company	B,I,Q
	12	Health Care Exhibit (Parts 1, 2 and 3) Supplement	zzz	EO	xxx	4/1	NAIC	B,I,Q
	13	Health Care Exhibit's Allocation Report Supplement	zzz	EO	xxx	4/1	NAIC	B,I,Q
	14	Investment Risk Interrogatories	zzz	EO	xxx	4/1	NAIC	B,I,Q
	15	Life Supplemental Data due March 1	zzz	EO	xxx	3/1	NAIC	B,I,Q
	16	Life Supp Statement non-guaranteed elements -Exh 5, Int. #3	zzz	EO	xxx	3/1	Company	B,I,Q
	17	Life Supp Statement on par/non-par policies - Exh 5 Int. 1&2	zzz	EO	xxx	3/1	Company	B,I,Q
	18	Life Supplemental Data due April 1	zzz	EO	xxx	4/1	NAIC	B,I,Q
	19	Long-term Care Experience Reporting Forms	zzz	EO	xxx	4/1	NAIC	B,I,Q
	20	Management Discussion & Analysis	zzz	EO	xxx	4/1	Company	B,I,Q
	21	Medicare Supplement Insurance Experience Exhibit	zzz	EO	xxx	3/1	NAIC	B,I,Q
	22	Medicare Part D Coverage Supplement	zzz	EO	xxx	3/1, 5/15, 8/15, 11/15	NAIC	B,I,Q
	23	Property/Casualty Supplement due March 1	zzz	EO	xxx	3/1	NAIC	B,I,Q
	24	Property/Casualty Supplement due April 1	zzz	EO	xxx	4/1	NAIC	B,I,Q
	25	Risk-Based Capital Report	zzz	EO	xxx	3/1	NAIC	B,I,Q
	26	Schedule SIS	2	N/A	N/A	3/1	NAIC	B,I,Q
	27	Supplemental Compensation Exhibit	2	N/A	N/A	3/1	NAIC	B,I,Q
		III. ELECTRONIC FILING REQUIREMENTS						
	50	Annual Statement Electronic Filing	zzz	1	xxx	3/1	NAIC	E
	51	March .PDF Filing	zzz	1	xxx	3/1	NAIC	E
	52	Risk-Based Capital Electronic Filing	zzz	1	N/A	3/1	NAIC	E
	53	Risk-Based Capital .PDF Filing	zzz	1	N/A	3/1	NAIC	E
	54	Supplemental Electronic Filing	zzz	1	xxx	4/1	NAIC	E
	55	Supplemental .PDF Filing	zzz	1	xxx	4/1	NAIC	E
	56	June .PDF Filing	zzz	1	xxx	6/1	NAIC	E
	57	Quarterly Electronic Filing	zzz	1	xxx	5/15, 8/15, 11/15	NAIC	E
	58	Quarterly .PDF Filing	zzz	1	xxx	5/15, 8/15, 11/15	NAIC	E
		IV. AUDIT/INTERNAL CONTROL RELATED REPORTS						
	71	Accountants Letter of Qualifications	zzz	EO	N/A	6/1	Company	B, (only 1 copy)
	72	Audited Financial Reports	zzz	EO	xxx	6/1	Company	B,Q
	73	Audited Financial Reports Exemption Affidavit	1	N/A	N/A	6/1	Company	B
	74	Communication of Internal Control Related Matters Noted in Audit	1	N/A	N/A	8/1	Company	B
	75	Independent CPA - Awareness Letter (change in accountants)	1	N/A	N/A	60 days after engagement	Company	B
	76	Management's Report of Internal Control Over Financial Reporting	1	N/A	N/A	8/1	Company	B
	77	Notification of Adverse Financial Condition	1	N/A	N/A	Immediately	Company	B
	78	Report of Significant Deficiencies in Internal Controls	1	N/A	N/A	8/1	Company	B
	79	Request for Exemption to File	1	N/A	1	Timely manner	Company	B
		V. STATE REQUIRED FILINGS						
	101	Filings Checklist (with Column 1 completed)	0	0	0		State	
	102	State Filing Fees	see Note T	0	see Note T	3/1	State	C,E,F,G,H,O,T,U
	103	Signed Jurat	1	0	1	3/1	NAIC	B,I,L
	104	Premium Taxes	1	0	1	3/1, 4/25, 7/25, 10/25	State	B,D,E,F,G,H,I,M, O,P,U,Y,AA,AD
	105	Exhibit of Premiums, Enrollment and Utilization Page	1	0	1	3/1	NAIC	B
	106	Certificate of Authority Renewal Fee	\$200	0	\$200	3/1	State	C,O,U

	107	Certificate of Compliance	0	0	1	6/1	Company	B,AC
	108	Certificate of Deposit	0	0	1	6/1	Company	B,AC
	109	Certificate of Valuation (Life only)	0	0	1	6/1	Company	B,AC
	110	Holding Company Registration	1	0	N/A	6/1	Company	B
	111	Monthly Financial Statements	0	0	0	30 days after end of month	NAIC	X
	112	Certificate of Advertising Compliance	1	0	1	3/1	Company	B,AB
	113	Annual County Enrollment Worksheet	1	0	1	3/1	State	B,V
	114	HMO Product Mix Report	1	0	1	3/1, 5/15, 8/15, 11/15	State	B,V,W,Y
	115	HMO PEIA Rates	1	0	1	3/31	Company	R,V
	116	Quarterly Provider Updates	1	0	1	5/15, 8/15, 11/15	State	B,V
	117	Quarterly County Enrollment Worksheet	1	0	1	5/15, 8/15, 11/15	State	B,V
	118	Grievance Procedure	1	0	1	3/1	Company	S,V,W
	119	Examination Assessment Fee	1	0	1	7/1	State	O,Z
	120	State Page	1	0	1	3/1	NAIC	B,I,AD

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and if the data is filed electronically with the NAIC. If ZZZ appears in this column, this state does not require this filing if filed electronically with the NAIC but if not, 2 copies are required. If N/A appears in this column, the filing is required with the domiciliary state. EO (electronic only filing).**

****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

*****Refer to Notes & Instructions (below).**

	NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS)	
A	Required Filings – Contact Person:	Darlene Parsons Darlene.Parsons@wvinsurance.gov (304) 558-2100 (Financial Conditions)
B	<p>Mailing Address: West Virginia Insurance Commissioner</p> <p><u>Annual Statement:</u></p> <p>Mailing: PO Box 50540 Charleston, WV 25305-0540</p> <p>Location: 1124 Smith Street, Room 102 Charleston, WV 25301</p> <p><u>Annual Premium Tax Statement & State Page:</u></p> <p>Mailing: PO Box 50542 Charleston, WV 25305-0542</p> <p>Location: 1124 Smith Street, Room 100 Charleston, WV 25301</p>	<p>Domestic insurers may file hard copies of their entire annual statements but must file hard copies of their signed pages as indicated on the previous pages.</p> <p>The Annual Premium Tax Statement is due on or before March 1 and is located at: http://www.wvinsurance.gov/company/taxes.aspx</p> <p>Mail State Page to the same address as the Annual Premium Tax Statement.</p> <p>If your company is exempt from filing an Annual Premium Tax Statement, complete an Application for License (Form A-10) located at: http://www.wvinsurance.gov/Default.aspx?tabid=215</p> <p>The mailing address for the Application for License (Form A-10) is the same as the Annual Premium Tax Statement.</p> <p>Phone: (304) 558-2100 – Tax Audit Section</p>
C	<p>Mailing Address:</p> <p><u>Filing Fee:</u></p> <p>West Virginia Insurance Commissioner STO/RPD PO Box 1913 Charleston, WV 25327</p> <p>Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer’s Office.</p>	<p>The annual fees are included on the Annual Premium Tax Statement which is due on or before March 1 and is located at: http://www.wvinsurance.gov/company/taxes.aspx</p> <p>If your company is exempt from filing an Annual Premium Tax Statement, complete an Application for License (Form A-10) located at: http://www.wvinsurance.gov/Default.aspx?tabid=215</p> <p>The mailing address for the Application for License (Form A-10) is the same as the Annual Premium Tax Statement.</p> <p>Phone: (304) 558-2100 – Tax Audit Section</p>
D	<p>Mailing Address:</p> <p><u>Premium Tax Payment:</u></p> <p>West Virginia Insurance Commissioner STO/RPD PO Box 1913 Charleston, WV 25327</p> <p>Premium tax payment and fee collection is processed by the Receipts Processing Division of the State Treasurer’s Office.</p>	<p>W. Va. Code §33-43-6(e) states that for each of the quarters [first (due on or before April 25), second (due on or before July 25), and third (due on or before October 25)], payment must be submitted based on either one-fourth of the total tax paid during the preceding calendar year OR 80% of the actual tax liability for the current calendar year. The annual tax payment is due on or before March 1.</p> <p>Even if there is a zero remittance, a filing must be made for each quarter.</p> <p>The form is located at: http://www.wvinsurance.gov/company/taxes.aspx</p> <p>Three forms of filing/payment include:</p> <p>1. OPTins - https://eapps.naic.org/optins-static/implementation.html to pre-register.</p>

			<p>2. CHECK</p> <p>3. (FOR ZERO FILERS ONLY) https://epay.wvsto.com/inscommtax/Login.aspx. You must retain your confirmation number.</p> <p>Phone: (304) 558-2100 – Tax Audit Section</p>
	E	Delivery Instructions:	<p>All filings are due on or before the indicated due date.</p> <p>If due date falls on a weekend or holiday then the deadline is extended to the next business day.</p>
	F	Penalties for Late Filings:	<p>W. Va. Code §33-3-11(b) may require the insurer to pay a penalty not exceeding ten thousand dollars for the late filing of Annual Statements.</p> <p>W. Va. Code §33-43-7(a) imposes a penalty of twenty-five dollars (\$25) for each day throughout which a taxpayer fails to file a tax return by the applicable filing date.</p> <p>W. Va. Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.</p>
	G	Original Signatures:	Required signatures must be original signatures on all filings.
	H	Signature/Notarization/Certification:	All forms must be signed and attested to where indicated.
	I	Amended Filings:	<p>Amended items must be filed with a complete explanation of each amendment.</p> <p>If there are signature requirements for the original filing, the same requirements apply to any amendment.</p>
	J	Exceptions from normal filings:	A request for extension must be filed not less than 10 days prior to due date and provide sufficient detail.
	K	Bar Codes (State or NAIC):	NAIC
	L	Signed Jurat:	Foreign & Alien licensed companies must file a signed Jurat.
	M	NONE Filings:	<p>See NAIC Annual Statement Instructions.</p> <p>Exceptions to these instructions are noted on the form.</p> <p>Tax statements and payment forms are required to be filed and completed regardless of tax liability. Zero liability must file returns marked -0-.</p>
	N	Filings new, discontinued or modified materially since last year:	Forms and instructions on the web have been updated.
	O	Checks:	Make checks payable to: Offices of the WV Insurance Commissioner
	P	Computer Generated or Tax Software Packages:	Computer generated or tax software packages for the Annual Premium Tax Statement and Annual Tax Payment Form are unacceptable .

	Q	Additional Copies:	If copies are required to be filed, file one (1) original and a copy as indicated.
	R	HMO/PEIA Rates:	File with: Rates and Forms Division PO Box 50540 Charleston, WV 25305-0540
	S	Grievance Procedure:	File with: Consumer Services Division PO Box 50540 Charleston, WV 25305-0540
	T	State Filing Fees:	The annual fees are included on the Annual Premium Tax Statement. See Note C and D. Life insurers and Property and Casualty insurers reporting on the Health Blank must remit a \$100 Annual Statement filing fee. HMOs remit a \$100 Annual Statement filing fee along with the Application for License (Form A-10) which is located at: http://www.wvinsurance.gov/Default.aspx?tabid=215 . HMDIs are not subject to an Annual Statement filing fee.
	U	COA Renewal Fees:	COA renewal fee is remitted with Tax Payment Form and is due on or before March 1 . See Note C and D.
	V	HMO Requirement:	Only HMOs are subject to this requirement.
	W	Special Instruction for foreign HMOs:	Foreign licensed HMOs are required to make the same type and number of filings as a domestic HMO.
	X	Monthly Financial Statements/Quarterly Financial Statements:	Monthly financial statements must be filed if written request is issued by the commissioner. Foreign and alien licensed insurers are waived from filing hard copy quarterly financial statements unless requested.
	Y	Premium Taxes:	HMO and HMDI are tax exempt and not required to file returns but are required to file Application for License (Form A-10) located at: http://www.wvinsurance.gov/Default.aspx?tabid=215 . Life insurers and Property and Casualty insurers must file the appropriate tax returns. Forms are located at: http://www.wvinsurance.gov/company/taxes.aspx Phone: (304) 558-2100 – Tax Audit Section
	Z	Mailing Address: <u>Examination Assessment Fee:</u> West Virginia Insurance Commissioner STO/RPD PO Box 1861 Charleston WV 25327	Two forms of payments include: OPTins - https://eapps.naic.org/optins-static/implementation.html to pre-register. and by Check The payment is due on or before July 1 .

			Phone: (304) 558-2100 – Tax Audit Section
	AA	Premium Tax Penalties:	<p>W. Va. Code §33-43-7(a) imposes a penalty of twenty-five dollars (\$25) for each day throughout which a taxpayer fails to file a tax return by the applicable filing date.</p> <p>W. Va. Code §33-43-7(b) imposes a penalty of 1% of the unpaid portion for each day throughout for failure to pay a tax/fee liability in full.</p> <p>W. Va. Code §33-43-11 makes the taxpayer liable for interest on any unpaid final assessment or penalty or portion thereof.</p>
	AB	Certificate of Advertising Compliance:	<p>Pursuant to W. V. C. S. R. 114-10-17.2, a Certificate of Advertising Compliance must be filed by all entities licensed to write accident and sickness insurance. File certificates with the Annual Premium Tax Statement (Form IC-PT) or Application for License (Form A-10).</p> <p>The certificate must be filed even if no business was written.</p> <p>You may devise your own statement or use the form provided under General Forms at: http://www.wvinsurance.gov/Default.aspx?tabid=215 </p>
	AC	Certificate of Compliance – Certificate of Deposit:	<p>Foreign and alien licensed insurers must file these certificates with the Annual Premium Tax Statement (Form IC-PT) or Application for License (Form A-10).</p> <p>The Certificate of Compliance is a Certificate of Compliance/Good Standing from your state of domicile and not the Certificate of Authority.</p>
	AD	State Page:	File one copy with the Annual Premium Tax Statement (Form IC-PT).